

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):  TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER</b> 11270 B Ave. Auburn, CA 95603	
NAME OF MINOR:	
<b>OPPOSITION TO REMOTE APPEARANCE: JUVENILE</b>	CASE NUMBER:
FOR HEARING SET: DATE: _____ TIME: _____ DEPT: _____	

1. I am the:  Minor  Mother  Father  Legal guardian  Foster parent  Sibling  Social Worker  
 Attorney  Probation officer  Other (name & relationship): \_\_\_\_\_
  
2.  I understand that the other party and/or attorney and/or witness has motioned to appear remotely, and that a response, through this form, is only necessary if I wish to object.
  
3.  I agree that I will serve a copy of this response on all other parties.
  
4.  I **object** to the remote appearance and request the other party/attorney/witness appear in person for the following reason(s):

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE